|  |  |
| --- | --- |
| Arizona State University Arizona State UniversityInstitutional Biosafety Committee | **STORAGE OF INFECTIOUS AGENTS****EHS 112S** |
|  |  |  |  |
|  | [ ]  New Submission | [ ]  Renewal | **Previous IBC #:** |

**For IBC Use Only:**

**IBC#\_\_\_\_\_\_\_ BSL\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| PRINCIPAL INVESTIGATOR: |       | Phone No: |       |
|  Department: |       | ASURITE: |       |
|  Building, Room, Mail Code |       | Email: |       |
| CO-INVESTIGATOR: |       | Phone No: |       |
|  Department: |       | ASURITE: |       |
|  Building, Room, Mail Code |       | Email: |       |

1. **What infectious microorganism(s) (i.e., microorganisms that may cause disease in humans, animals, or plants) will be stored?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Stored Organism** | **How is the Organism Stored?** | **Where is the Organism Stored? (Bldg, Room)** | **Quantity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **What is the reason for storage rather than disposal?**
2. **What Biosafety Level (BSL1, BSL2, BSL3) is this storage room?**
3. **Does this storage plan include a select agent or toxin?** <http://www.selectagents.gov/Select%20Agents%20and%20Toxins%20List.html>

**[ ]  Yes [ ]  No**

1. **Do any of the microorganisms synthesize a toxin?
[ ]  Yes [ ]  No [ ]  Not Known**

**If yes, what toxin?**

1. **Are any of the microorganisms infectious to animals?**

**[ ]  Yes [ ]  No Species**

1. **Are any of the microorganisms infectious to plants?**

**[ ]  Yes [ ]  No Species**

1. **Methods for safety and security of the stored organisms:**
	1. **Are the microorganisms stored in a locked laboratory or a locked freezer to prevent unauthorized access?**

**[ ]  Yes [ ]  No**

* 1. **Are the microorganisms stored in conditions appropriate to the biosafety risk?**

**[ ]  Yes [ ]  No**

**Briefly describe:**

* 1. **What procedures are in place to minimize risk and prevent release of infectious microorganism?**
	2. **Please describe your response plans for emergencies such as equipment failure; loss of building power; accidental spill or exposure; unauthorized access; loss or theft.**

**If changes in the information provided above occur, a revised form must be submitted for approval.**

By signing below you are agreeing that all the listed microorganisms will be in storage only and that no research, culturing, isolation or amplification will be conducted*.* If you wish to conduct research on the listed organisms, you must submit a full biosafety disclosure to the IBC prior to commencing research.

Principal Investigator’s Signature       Date:

**Send the completed form to:**

**IBC, Office of Research Integrity and Assurance**

**By Email:** **IBC@asu.edu**

**By Campus Mail: Mail Code 6111**

|  |
| --- |
| FOR IBC COMMITTEE USE ONLY |
|  | **Signature of IBC Designee** | **Date** |
| [ ]  Approved by IBC |  |  |